

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09774650</b>	FILING DATE <b>02-06-01</b>						
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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21							71						
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23							73						
24							74						
25							75						
26							76						
27							77						
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29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	5	↓	↓	↓	↓	↓	<b>TOTAL IND.</b>	↓	↓	↓	↓	↓	↓
<b>TOTAL DEP.</b>	5	↓	↓	↓	↓	↓	<b>TOTAL DEP.</b>	↓	↓	↓	↓	↓	↓
<b>TOTAL CLAIMS</b>	15						<b>TOTAL CLAIMS</b>						